| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF NEW JERSEY | = | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| dentify Yourself | | | |
|--|---|--|--|
| | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name | | | |
| Write the name that is on your government-issued picture identification (for example, your driver's license or passport) | Carlos First name | _ | Vernice First name L |
| nooned or passporty. | Middle name | | Middle name |
| Bring your picture | Benvennutti. Jr | | Tolliver-Benvennutti |
| | Last name and Suffix (Sr., Jr., II, III) | | Last name and Suffix (Sr., Jr., II, III) |
| All other names you have used in the last 8 years | | | Vernice L Tolliver |
| Include your married or maiden names. | | | |
| Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1070 | | xxx-xx-6633 |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Bring your picture identification to your meeting with the trustee. Benvennutti, Jr Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Benvennutti, Jr Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number XXX-XX-1070 |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 2402 Brandies Avenue | If Debtor 2 lives at a different address: |
| | | Cinnaminson, NJ 08077 Number, Street, City, State & ZIP Code Burlington County | Number, Street, City, State & ZIP Code County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: ■ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. □ I have another reason. Explain. (See 28 U.S.C. § 1408.) |

| | otor 1 otor 2 | Carlos Benvennut Vernice L Tolliver- | | nutti | | _ | Case numb | oer (if known) | | | | |
|-----|-------------------------|---|-------------|--------------|---|-----------|-------------------------|---------------------|-----------------------------------|--|--|--|
| Par | t 2: | Tell the Court About \ | ∕our Bank | ruptcy Ca | ase | | | | | | | |
| 7. | The d | chapter of the cruptcy Code you are | | | | | | | | | | |
| | choo | sing to file under | ☐ Chapter 7 | | | | | | | | | |
| | | | ☐ Chap | ☐ Chapter 11 | | | | | | | | |
| | | | ☐ Chap | Chapter 12 | | | | | | | | |
| | | | ■ Chap | _ | | | | | | | | |
| | | | , | | | | | | | | | |
| 8. | How | you will pay the fee | abo | out how yo | entire fee when I file my pe ou may pay. Typically, if you a attorney is submitting your pa address. | e paying | the fee yourself, you | may pay with cash | n, cashier's check, or money | | | |
| | | | ☐ Ind | eed to pay | the fee in installments. If you | ou choos | e this option, sign and | attach the Applica | ation for Individuals to Pay | | | |
| | | | | Ū | e in Installments (Official Forn at my fee be waived (You ma | , | this option only if you | are filing for Char | oter 7. By law, a judge may. | | | |
| | | | but | is not req | uired to, waive your fee, and rur family size and you are una | nay do so | only if your income is | s less than 150% of | of the official poverty line that | | | |
| | | | | | on to Have the Chapter 7 Filing | | | | | | | |
| | | | | | | | | | | | | |
| 9. | | you filed for ruptcy within the | □ No. | | | | | | | | | |
| | | years? | Yes. | | | | | | | | | |
| | | | | District | NJ | When | 5/31/14 | Case number | 14-21341 | | | |
| | | | | District | | _ When | | Case number | | | | |
| | | | | District | | _ When | | Case number | | | | |
| 10. | | ny bankruptcy | ■ No | | | | | | | | | |
| | filed not fi you, | s pending or being by a spouse who is ding this case with or by a business her, or by an ate? | ☐ Yes. | | | | | | | | | |
| | | | | Debtor | | | | _ Relationship to y | you | | | |
| | | | | District | | When | | _ Case number, if | known | | | |
| | | | | Debtor | | | | _ Relationship to y | /ou | | | |
| | | | | District | - | _ When | | _ Case number, if | known | | | |
| 11. | | ou rent your ence? | ■ No. | Go to I | ine 12. | | | | | | | |
| | | - | ☐ Yes. | Has yo | our landlord obtained an eviction | on judgm | ent against you? | | | | | |
| | | | | | No. Go to line 12. | | | | | | | |
| | | | | | Yes. Fill out <i>Initial Statement</i> this bankruptcy petition. | About ai | n Eviction Judgment A | gainst You (Form | 101A) and file it as part of | | | |
| | | | - | | | | | | | | | |

| Deb | otor 2 Vernice L Tolliver | -Benveni | nutti | | Case number (if known) | | |
|-----|---|------------------------|--|--|--|--|--|
| | | | | | | | |
| Par | Report About Any Bu | sinesses | You Own | as a Sole Proprie | tor | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of bus | siness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | | |
| | If you have more than one sole proprietorship, use a | | Numb | er, Street, City, Stat | te & ZIP Code | | |
| | separate sheet and attach | | Chas | letha annuanziata ha | ny ta dagarika yayri kusinaga. | | |
| | it to this petition. | | | | ox to describe your business: ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | - | lefined in 11 U.S.C. § 101(53A)) | | |
| | | | | • | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | - ' ' | | |
| | | | Ш | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor? | deadline: operation | s. If you irns, cash-fl | ndicate that you are ow statement, and f (1)(B). | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure | | |
| | For a definition of small | No. | I am r | not filing under Chap | oter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bank Code. | | | | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Par | t 4: Report if You Own or | Have Any | / Hazardo | ous Property or An | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | |
| | | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

Debtor 1 Carlos Benvennutti, Jr

Debtor 2 **Vernice L Tolliver-Benvennutti** Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| | otor 1 otor 2 | Carlos Benvennut Vernice L Tolliver- | • | utti | Ca | ise number (if | known) | | | |
|-----|------------------|---|--|--|--|---------------------------|--|--|--|--|
| Par | t 6: | Answer These Questi | ons for Re | porting Purposes | | | | | | |
| 16. | | t kind of debts do nave? | | Are your debts primarily consur individual primarily for a personal, | | | I in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | | ☐ No. Go to line 16b. | | | | | | |
| | | | | Yes. Go to line 17. | | | | | | |
| | | | | Are your debts primarily business debts? Business debts are debts that you incurred to of money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | | ☐ No. Go to line 16c. | | | | | | |
| | | | | ☐ Yes. Go to line 17. | | | | | | |
| | | | 16c. | State the type of debts you owe th | at are not consumer debts | or business d | ebts | | | |
| 17. | | ou filing under oter 7? | ■ No. | I am not filing under Chapter 7. Go | to line 18. | | | | | |
| | after | ou estimate that any exempt erty is excluded and | | l am filing under Chapter 7. Do you are paid that funds will be available | | | is excluded and administrative expenses | | | |
| | admi | nistrative expenses | | □ No | | | | | | |
| | be av | aid that funds will vailable for ibution to unsecured itors? | | □ Yes | | | | | | |
| 18. | | many Creditors do | 1 -49 | | 1 ,000-5,000 | | 1 25,001-50,000 | | | |
| | | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | | ☐ 50,001-100,000 | | | |
| | | | □ 100-19 □ 200-99 | | 10,001-25,000 | | ☐ More than100,000 | | | |
| 19. | | much do you nate your assets to | □ \$0 - \$50,000 □ \$50,001 - \$100,000 | | □ \$1,000,001 - \$10 million | | \$500,000,001 - \$1 billion | | | |
| | | orth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | | | |
| | | | | 01 - \$1 million | □ \$100,000,001 - \$500 million | | ☐ More than \$50 billion | | | |
| 20. | | much do you nate your liabilities | □ \$0 - \$5 | • | □ \$1,000,001 - \$10 millio □ \$10,000,001 - \$50 mi | | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion | | | |
| | to be | - | _ ' ' | 01 - \$100,000 01 - \$500,000 | □ \$50,000,001 - \$50 mi | | □ \$1,000,000,001 - \$10 billion | | | |
| | | | | 01 - \$1 million | □ \$100,000,001 - \$500 r | | ☐ More than \$50 billion | | | |
| Par | t 7: | Sign Below | | | | | | | | |
| For | you | | I have exa | mined this petition, and I declare u | ınder penalty of perjury tha | t the informati | on provided is true and correct. | | | |
| | | | | nosen to file under Chapter 7, I am ites Code. I understand the relief a | | | der Chapter 7, 11,12, or 13 of title 11, se to proceed under Chapter 7. | | | |
| | | | | ney represents me and I did not pa , I have obtained and read the noti | | | n attorney to help me fill out this | | | |
| | | | I request r | elief in accordance with the chapte | er of title 11, United States | Code, specifie | ed in this petition. | | | |
| | | | | y case can result in fines up to \$25 | | | roperty by fraud in connection with a rs, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | | /s/ Carlo | s Benvennutti, Jr | | | er-Benvennutti | | | |
| | | | | envennutti, Jr of Debtor 1 | | L Tolliver-le of Debtor 2 | Benvennutti | | | |
| | | | Executed | September 18, 2018 MM / DD / YYYY | Executed | | mber 18, 2018 DD / YYYY | | | |

| Debtor 1 Debtor 2 | Carlos Benvennu Vernice L Tolliver | • | Cas | e number (if known) | |
|----------------------|--|---|----------------------|---------------------------------|-----------------------------|
| | | | | | |
| • | attorney, if you are ed by one | I, the attorney for the debtor(s) named in this petition under Chapter 7, 11, 12, or 13 of title 11, United Stat for which the person is eligible. I also certify that I ha | tes Code, and have e | explained the relief a | vailable under each chapter |
| • | not represented by ey, you do not need s page. | and, in a case in which § 707(b)(4)(D) applies, certify schedules filed with the petition is incorrect. | | | |
| | | /s/ Brad J. Sadek, Esquire Signature of Attorney for Debtor | Date | September 18, MM / DD / YYYY | 2018 |
| | | Brad J. Sadek, Esquire Printed name | | | |
| | | Sadek and Cooper Firm name | | | |

brad@sadeklaw.com

Email address

1315 Walnut Street

Philadelphia, PA 19107 Number, Street, City, State & ZIP Code

Contact phone 215-545-0008

Suite 502

Bar number & State

| Fill | Il in this information to identify your case: | | | |
|------------|--|----------------------|-------------|---------------------------|
| Deb | ebtor 1 Carlos Benvennutti, Jr | | | |
| Dok | First Name Middle Name Last Name ebtor 2 Vernice I Tolliver-Benyennutti | | | |
| | ebtor 2 Vernice L Tolliver-Benvennutti First Name Middle Name Last Name | | | |
| Uni | nited States Bankruptcy Court for the: DISTRICT OF NEW JERSEY | | | |
| | ase numberknown) | | | k if this is an |
| | | | amen | ided filing |
| Su Be a | official Form 106Sum ummary of Your Assets and Liabilities and Certain Statistical In as complete and accurate as possible. If two married people are filing together, both are equal to the state of t | ally responsible fo | r supplyii | |
| you | ormation. Fill out all of your schedules first; then complete the information on this form. If you ur original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | ı are filing amend | ed schedu | iles after you file |
| T ai | Odminarize Four Assets | | Your a | ussets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | | \$ | 203,400.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | | \$ | 12,079.98 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | | \$ | 215,479.98 |
| Par | art 2: Summarize Your Liabilities | | | |
| | | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 | of Schedule D | \$ | 190,557.60 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | | \$ | 36,856.00 |
| | Yo | ur total liabilities | \$ | 227,413.60 |
| Par | art 3: Summarize Your Income and Expenses | | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | | \$ | 5,638.67 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | | \$ | 5,162.00 |
| Par | art 4: Answer These Questions for Administrative and Statistical Records | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to | o the court with you | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. | | a personal | , family, or |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,856.99

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 27,257.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 27,257.00 |

| | Carlos Benv | ennutti. Jr | | | | | | |
|--|---|---|--|--|--------------------------------------|--|---|--|
| | First Name | | Name | Last Name | | | | |
| Debtor 2 | | olliver-Benvenn | | | | | | |
| Spouse, if filing) | First Name | Middle | Name | Last Name | | | | |
| Jnited States I | Bankruptcy Court for | the: DISTRICT | OF NEW JER | RSEY | | | | |
| Case number | | | | | | | | ☐ Check if this is a amended filing |
| Official E | orm 106A/E |) | | | | | | |
| | ile A/B: Pi | _ | | | | | | 12/15 |
| nink it fits best. Iformation. If m nswer every qu | Be as complete and ore space is needed, lestion. | accurate as possibl attach a separate sh | le. If two marrie heet to this for | once. If an asset fits in mo ed people are filing togeth m. On the top of any addit e You Own or Have an Inte | er, both are e ional pages, | equally respon | sible for su | pplying correct |
| | · | | | | | | | |
| Do you own o | or have any legal or ed | quitable interest in a | iny residence, | building, land, or similar p | roperty? | | | |
| ☐ No. Go to F | Part 2. | | | | | | | |
| | | | | | | | | |
| Yes. When | e is the property? | | | | | | | |
| Yes. When | e is the property? | | | | | | | |
| | e is the property? | | What is the | property? Check all that appl | у | | | |
| .1 | e is the property? andies Avenue | | | e property? Check all that appl le-family home | у | Do not deduct | secured cla | ims or exemptions. Put |
| .1 2402 Br a | | scription | Single | | у | the amount of | any secured | ims or exemptions. Put d claims on Schedule D: |
| .1 2402 Br a | andies Avenue | scription | Single Duple Cond | le-family home | у | the amount of | any secured | |
| .1 2402 Br a | andies Avenue | scription | Singli Dupli Cond | le-family home ex or multi-unit building dominium or cooperative | у | the amount of | any secured | d claims on Schedule D: |
| .1 2402 Bra | andies Avenue ss, if available, or other des | | Singli Dupli Cond | le-family home ex or multi-unit building | у | the amount of | any secured Have Clain | d claims on Schedule D: |
| .1 2402 Bra Street address | andies Avenue ss, if available, or other des inson NJ | 08077-0000 | Single Duple Conce | le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home | у | the amount of Creditors Who | any secured Have Clain e of the tty? | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| .1 2402 Bra Street addres | andies Avenue ss, if available, or other des | | Single Duple Conce | le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home | у | the amount of Creditors Who | any secured Have Clain e of the | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| .1 2402 Bra Street address | andies Avenue ss, if available, or other des inson NJ | 08077-0000 | Single Duple Conce | le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home d stment property | у | Current value entire proper \$203. | any secured Have Claim e of the ty? 400.00 nature of ye | Current value of the portion you own? \$203,400.0 Schedule D: Property. |
| .1 2402 Bra Street address | andies Avenue ss, if available, or other des inson NJ | 08077-0000 | Single Duple Concern C | le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home d stment property eshare | | Current value entire proper \$203. | any secured Have Clain e of the ty? 400.00 nature of yesimple, tena | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$203,400.0 |
| .1 2402 Bra Street address | andies Avenue ss, if available, or other des inson NJ | 08077-0000 | Single Duple Concern C | le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home d stment property eshare er in interest in the property? | | Current value entire proper \$203. Describe the (such as fee see see see see see see see see se | any secured Have Clain e of the ty? 400.00 nature of yesimple, tena | Current value of the portion you own? \$203,400.0 Schedule D: Property. |
| .1 2402 Bra Street address | andies Avenue ss, if available, or other des inson NJ State | 08077-0000 | Singling Dupling Concording Manual Land Investigation Other | le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home d stment property eshare | | Current value entire proper \$203. Describe the (such as fee see see see see see see see see se | any secured Have Clain e of the ty? 400.00 nature of yesimple, tena | Current value of the portion you own? \$203,400.0 Schedule D: Property. |
| 2402 Bra Street address Cinnami | andies Avenue ss, if available, or other des inson NJ State | 08077-0000 | Single Duple Concerns Investigation of the Who has ar Debt | le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home d stment property eshare or interest in the property? cor 1 only | | Current value entire proper \$203, Describe the (such as fee a life estate), | any secured by Have Clain as of the ty? 400.00 nature of you simple, tensif known. | Current value of the portion you own? \$203,400.0 our ownership interest ancy by the entireties, o |
| 2402 Branch Street address Cinnami City | andies Avenue ss, if available, or other des inson NJ State | 08077-0000 | Single Duple Concern C | le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home d stment property eshare er in interest in the property? for 1 only for 2 only | Check one | Current value entire proper \$203, Describe the (such as fee a life estate), | any secured Have Claim e of the ty? 400.00 nature of yesimple, tensif known. | Current value of the portion you own? \$203,400.0 Schedule D: Property. |
| 2402 Brack Street address Cinnami City | andies Avenue ss, if available, or other des inson NJ State | 08077-0000 | Single Duple Concern Manner Lande Investigation Other Who has are Debt Debt At les | le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home d stment property eshare er interest in the property? for 1 only for 2 only for 1 and Debtor 2 only ast one of the debtors and a mation you wish to add ab | Check one | Current value entire proper \$203, Describe the (such as fee a life estate), | any secured of Have Claim e of the ty? 400.00 nature of yesimple, tensif known. | Current value of the portion you own? \$203,400.0 our ownership interest ancy by the entireties, o |
| 2402 Brack Street address Cinnami City | andies Avenue ss, if available, or other des inson NJ State | 08077-0000 | Single Duple Concerns | le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home d stment property eshare er in interest in the property? for 1 only for 2 only for 1 and Debtor 2 only ast one of the debtors and a | Check one nother out this item | Current value entire proper \$203, Describe the (such as fee a life estate), | any secured by Have Claim e of the ty? 400.00 nature of yes simple, tensif known. this is cometions) | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$203,400.0 our ownership interest ancy by the entireties, o |
| 2402 Bri Street addres Cinnami City Burlingt | andies Avenue ss, if available, or other des inson NJ State | 08077-0000 | Single Duple Concerns | le-family home ex or multi-unit building dominium or cooperative ufactured or mobile home d stment property eshare er in interest in the property? for 1 only for 2 only for 1 and Debtor 2 only ast one of the debtors and a mation you wish to add ab entification number: | Check one nother out this item | Current value entire proper \$203, Describe the (such as fee a life estate), | any secured by Have Claim e of the ty? 400.00 nature of yes simple, tensif known. this is cometions) | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$203,400.0 our ownership interest ancy by the entireties, o |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debt | | ernice L Tolliv | , | ti | Case number (if known) | |
|---------------|---------------|---|--------------------|--|----------------------------------|---|
| 3. C a | ırs, vans, | trucks, tractors | , sport utility ve | hicles, motorcycles | | |
| | No | | | | | |
| | Yes | | | | | |
| 3.1 | Make: | Honda | | Who has an interest in the property? Check of | | ured claims or exemptions. Put secured claims on Schedule D: |
| | Model: | Odyssey | | ☐ Debtor 1 only | | re Claims Secured by Property. |
| | Year: | 2011 | | Debtor 2 only | Current value of t | he Current value of the |
| | Approxir | mate mileage: | 82000 | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other in | formation: | | At least one of the debtors and another | | |
| | | | | ☐ Check if this is community property (see instructions) | \$7,251 | .00 \$7,251.00 |
| .pa | ages you | | or Part 2. Write | n for all of your entries from Part 2, incluthat number here | | \$7,251.00 |
| Do y | ou own o | or have any legal | or equitable in | terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Е | | goods and furni Major appliances, | | , china, kitchenware | | |
| | Yes. De | scribe | | | | |
| | | Us | sed Househol | d Goods and Furnishings | | \$1,500.00 |
| E | l No | Televisions and ra | | eo, stereo, and digital equipment; computers nedia players, games | s, printers, scanners; music co | ollections; electronic devices |
| | | Us | sed Electronic | es (Cellphone, TV, Computer) | | \$500.00 |
| E | xamples: | s of value Antiques and figu other collections, | | prints, or other artwork; books, pictures, or c llectibles | other art objects; stamp, coin, | or baseball card collections; |
| _ | No Yes. De | escribe | | | | |
| E | xamples: | for sports and h Sports, photograp musical instrume | ohic, exercise, an | d other hobby equipment; bicycles, pool tab | oles, golf clubs, skis; canoes a | and kayaks; carpentry tools; |
| | No Yes. De | escribe | | | | |

| Debtor Debtor | | | • | Case number | (if known) |
|---|---|----------------------------------|------------------------|---|---|
| 10. Fire | earms ramples: Pistols, rifles | s, shotgu | ns, ammunition, and | related equipment | |
| | | , 0 | , | • • | |
| ΠY | es. Describe | | | | |
| | amples: Everyday cl | othes, fui | rs, leather coats, des | signer wear, shoes, accessories | |
| | | | | | 1 |
| | | Used | Clothing | | \$500.00 |
| | <i>camples:</i> Everyday je | welry, co | stume jewelry, enga | gement rings, wedding rings, heirloom jewelry, watches | s, gems, gold, silver |
| | | Used | Costume Jewelry | / | \$500.00 |
| 4. Any 14. Any 15. A | Yes. Describe y other personal and o'es. Give specific info | d house ormation of all of | hold items you did | not already list, including any health aids you did r art 3, including any entries for pages you have atta | |
| | • | | | | |
| Part 4: | | | | any of the following? | Current value of the |
| DO YOU | d Own or have any i | egai or e | equitable interest in | any of the following? | portion you own? Do not deduct secured claims or exemptions. |
| | <i>amples:</i> Money you l lo | | | ome, in a safe deposit box, and on hand when you file y | our petition |
| | | | | ounts; certificates of deposit; shares in credit unions, br | okerage houses, and other similar |
| | | | | Institution name: | |
| Y | 'es | | | Institution name: | |
| | | 17.1. | Checking | PNC Bank ending 3144 | \$486.15 |
| | | 17.2. | Chcking | PNC Bank ending 6421 | \$142.83 |
| | | 17.3 | Checking | PNC Bank ending 3101 | \$0.00 |

Official Form 106A/B Schedule A/B: Property page 3

| Debto Debto | | | envennutt . Tolliver-E | i, Jr Benvennutti | Case number (if known) | |
|----------------|------------------------|--------------|---------------------------|---|--|----------------------|
| | | | 17.4. | Savings | PNC Bank ending 5515 | \$0.00 |
| | Example | | | cly traded stocks ent accounts with bi | rokerage firms, money market accounts | |
| | No Yes | | | Institution or issuer | r name: | |
| 19. N | on-pub | licly trade | d stock and | interests in incorp | porated and unincorporated businesses, including an interest in an L | LC, partnership, and |
| | oint ver No | iture | | | | |
| | | ive specific | | about them | | |
| | legotiak lon-neg | ole instrume | ents include | personal checks, ca | potiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them. | |
| | No Yes. Gi | ve specific | information Iss | about them suer name: | | |
| | Example No | s: Interests | ount separa | SA, Keogh, 401(k), ately. | 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| | | | туре | of account: | Institution name: | \$1,200.00 |
| Y E | our sha Example | re of all un | | its you have made s | so that you may continue service or use from a company t, public utilities (electric, gas, water), telecommunications companies, or o | others |
| | No Yes | | | | Institution name or individual: | |
| 23. A ı | nnuitie | | | odic payment of mon | ney to you, either for life or for a number of years) | |
| _ | No Yes | | Issuer nar | ne and description. | | |
| 26 | | | | in an account in a c and 529(b)(1). | qualified ABLE program, or under a qualified state tuition program. | |
| | Yes | | Institution | name and description | on. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| | r usts, e No | quitable o | r future inte | erests in property (| other than anything listed in line 1), and rights or powers exercisable | ofor your benefit |
| | Yes. G | ive specific | information | about them | | |
| _E | | | | | and other intellectual property eds from royalties and licensing agreements | |
| | Yes. G | ive specific | information | about them | | |
| | | • | • | er general intangib | oles operative association holdings, liquor licenses, professional licenses | |

Money or property owed to you?

■ No

Current value of the portion you own?
Do not deduct secured

 $\hfill \square$ Yes. Give specific information about them...

| | ebtor 1 ebtor 2 | Carlos Benvennutti, Jr Vernice L Tolliver-Benvennutti | Case number (if known) | |
|-----|--------------------|--|---|----------------------------|
| | | | | claims or exemptions. |
| | Tax re ■ No | funds owed to you | | |
| | ☐ Yes. | Give specific information about them, including whether you already | filed the returns and the tax years | |
| | | r support ples: Past due or lump sum alimony, spousal support, child support, r | naintenance, divorce settlement, property | settlement |
| | ☐ Yes. | Give specific information | | |
| | | amounts someone owes you ples: Unpaid wages, disability insurance payments, disability benefits benefits; unpaid loans you made to someone else | sick pay, vacation pay, workers' comper | sation, Social Security |
| | | Give specific information | | |
| | | sts in insurance policies ples: Health, disability, or life insurance; health savings account (HSA |); credit, homeowner's, or renter's insuran | се |
| | ☐ Yes. | Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| 32. | If you | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insura one has died. | nce policy, or are currently entitled to rece | ive property because |
| | ■ No □ Yes. | Give specific information | | |
| | | s against third parties, whether or not you have filed a lawsuit or ples: Accidents, employment disputes, insurance claims, or rights to s | | |
| | _ | Describe each claim | | |
| | Other ■ No | contingent and unliquidated claims of every nature, including co | unterclaims of the debtor and rights to | set off claims |
| | ☐ Yes. | Describe each claim | | |
| | ■ No | nancial assets you did not already list | | |
| | ☐ Yes. | Give specific information | r | |
| 36 | | the dollar value of all of your entries from Part 4, including any e art 4. Write that number here | . • • | \$1,828.98 |
| Pa | rt 5: De | escribe Any Business-Related Property You Own or Have an Interest In. Li | st any real estate in Part 1. | |
| _ | | own or have any legal or equitable interest in any business-related prope to Part 6. | rty? | |
| | ☐ Yes. (| Go to line 38. | | |
| Pa | | escribe Any Farm- and Commercial Fishing-Related Property You Own or you own or have an interest in farmland, list it in Part 1. | Have an Interest In. | |
| 46. | | u own or have any legal or equitable interest in any farm- or com Go to Part 7. | mercial fishing-related property? | |
| | | s. Go to line 47. | | |

| Debt | or 1 Carlos Benvennutti, Jr | | | |
|--------|--|------------------------|------------------------------|--------------|
| Debt | or 2 Vernice L Tolliver-Benvennutti | | Case number (if known) | |
| Part 7 | Describe All Property You Own or Have an Interest in That | You Did Not List Above | | |
| E | to you have other property of any kind you did not already less: Season tickets, country club membership | ist? | | |
| | No | | | |
| | Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write | that number here | | \$0.00 |
| Part 8 | List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$203,400.00 |
| 56. | Part 2: Total vehicles, line 5 | \$7,251.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$3,000.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$1,828.98 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$12,079.98 | Copy personal property total | \$12,079.98 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$215,479.98 |

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|------------------------|-----------|--------------------------------------|
| Debtor 1 | Carlos Benvennu | itti, Jr | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Vernice L Tollive | r-Benvennutti | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW JERSEY | | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt |
|---|
|---|

| ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | |
|--|--|-------|---|------------------------------------|--|--|--|--|
| ■ You are claiming federal exemptions. 11 | You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | |
| 2. For any property you list on Schedule A/E | 3 that you claim as exe | empt, | fill in the information below. | | | | | |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | | |
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | | |
| 2402 Brandies Avenue Cinnaminson, NJ 08077 Burlington County | \$203,400.00 | | \$27,281.40 | 11 U.S.C. § 522(d)(1) | | | | |
| Market Value \$226,000 minus 10% cost of sale = \$203,400.00 Line from <i>Schedule A/B</i> : 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| Used Household Goods and Furnishings | \$1,500.00 | | \$1,500.00 | 11 U.S.C. § 522(d)(3) | | | | |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| Used Electronics (Cellphone, TV, Computer) | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(3) | | | | |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| Used Clothing Line from Schedule A/B: 11.1 | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(3) | | | | |
| Line from Genedate AVD. | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| Used Costume Jewelry Line from Schedule A/B: 12.1 | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(4) | | | | |
| LITE ITOTA SUITEGUIE PAD. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |

| | btor 1 Carlos Benvennutti, Jr Vernice L Tolliver-Benvennutti | Case number (if known) | | | | | | |
|---|---|--|--------|---|------------------------|--|--|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption | | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | |
| | Checking: PNC Bank ending 3144 Line from Schedule A/B: 17.1 | \$486.15 | | \$486.15 | 11 U.S.C. § 522(d)(5) | | | |
| | Elle Holli ochedale AVB. TTT | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | Chcking: PNC Bank ending 6421 Line from Schedule A/B: 17.2 | \$142.83 | | \$142.83 | 11 U.S.C. § 522(d)(5) | | | |
| | Line IIIIII Schedule AVD. 17.2 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| | IRA Line from Schedule A/B: 21.1 | \$1,200.00 | | \$1,200.00 | 11 U.S.C. § 522(d)(12) | | | |
| | Line Iron Schedule AVB. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | |
| 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) | | | | | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. Did you acquire the property covere | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? | | | |
| | П No | □ No | | | | | | |

☐ Yes

| Fill | in this information to identify yo | ur case: | | | |
|----------------|--|--|------------------------------------|--|-------------------------|
| Deb | tor 1 Carlos Benven | nutti Ir | | | |
| DCD | First Name | Middle Name Last Name | | | |
| Deb | tor 2 Vernice L Tolliv | ver-Benvennutti | | | |
| (Spot | use if, filing) First Name | Middle Name Last Name | | | |
| Unit | ed States Bankruptcy Court for the | : DISTRICT OF NEW JERSEY | | | |
| | ., ., ., ., ., ., ., ., ., ., ., ., ., . | | | | |
| Cas (if kno | e number | | | Chook | if this is an |
| (II KIIC | owii) | | | _ | if this is an ed filing |
| | | | | amend | ed illing |
| Offi | cial Form 106D | | | | |
| | | Who Have Claims Secure | d by Proport | ., | 40/45 |
| <u> </u> | riedule D. Creditors | s Who Have Claims Secure | u by Propert | у | 12/15 |
| | | If two married people are filing together, both are e | | | |
| | eded, copy the Additional Page, fill it per (if known). | out, number the entries, and attach it to this form. C | In the top of any addition | nal pages, write your nai | ne and case |
| 1. Do | any creditors have claims secured b | y your property? | | | |
| | | this form to the court with your other schedules. Y | ou have nothing else t | o report on this form. | |
| | _ | • | ou have nothing clos t | | |
| | Yes. Fill in all of the information | below. | | | |
| Part | 1: List All Secured Claims | | Oaksess A | O-him D | Column C |
| | | more than one secured claim, list the creditor separately | | Column B | |
| | | s a particular claim, list the other creditors in Part 2. As tical order according to the creditor's name. | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| | | is an exact according to the executer of harmon | value of collateral. | claim | If any |
| 2.1 | Dovenmuehle Mortgage | Describe the property that coourse the claim: | \$176,118.60 | \$203,400.00 | \$0.00 |
| | Inc Creditor's Name | Describe the property that secures the claim: 2402 Brandies Avenue | Ψ170,110.00 | Ψ200,400.00 | Ψ0.00 |
| | oreaner e manne | Cinnaminson, NJ 08077 Burlington | | | |
| | | County | | | |
| | | Market Value \$226,000 minus 10% | | | |
| | | cost of sale = \$203,400.00 | | | |
| | PO Box 371306 | As of the date you file, the claim is: Check all that apply. | | | |
| | Pittsburgh, PA 15250 | ☐ Contingent | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | | ☐ Disputed | | | |
| Who | owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| _ | ebtor 1 only | ☐ An agreement you made (such as mortgage or se | cured | | |
| _ | Debtor 2 only | car loan) | | | |
| | Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| | t least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | check if this claim relates to a community debt | Other (including a right to offset) Mortgage | | | |
| | | | | | |
| Date | debt was incurred | Last 4 digits of account number 3906 | | | |
| | 10 0 | | | | |
| 2.2 | Santander Consumer USA | Describe the property that secures the claim: | \$14,439.00 | \$7,251.00 | \$7,188.00 |
| | Creditor's Name | 2011 Honda Odyssey 82000 miles | | | |
| | | 2011 Honda Odyssey 02000 Hilles | | | |
| | Attn: Bankruptcy | | | | |
| | Po Box 961245 | As of the date you file, the claim is: Check all that apply. | | | |
| | Fort Worth, TX 76161 | Contingent | | | |
| | Number, Street, City, State & Zip Code | Unliquidated | | | |
| | | ☐ Disputed | | | |
| _ | o owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| _ | ebtor 1 only | An agreement you made (such as mortgage or se | cured | | |
| | ebtor 2 only | car loan) | | | |
| | Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| ЦA | t least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |

| Debtor 1 | Carlos Benvennutti, Jr | | Case number (if know) | | | |
|-----------|---------------------------------|---|-------------------------------|------------|--------------|--|
| | First Name | Middle Name | Last Name | _ | | |
| Debtor 2 | Vernice L | Tolliver-Benvennutti | | | | |
| | First Name | Middle Name | Last Name | <u> </u> | | |
| | if this claim re nunity debt | elates to a | (including a right to offset) | Automobile | | |
| Date debt | was incurred | Opened 03/18 Last Active 7/23/18 Las | st 4 digits of account nun | nber 1000 | | |
| | | your entries in Column A on | . • | _ | \$190,557.60 | |
| | the last page at number here | of your form, add the dollar va | alue totals from all pages | 5. | \$190,557.60 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in | this informa | ation to identify your | case: | | | |
|------------|-------------------------------|------------------------------|---------------------------------|--------------------------|----------------------------------|---|
| Debtor | r 1 | Carlos Benvennu | tti. Jr | | | |
| | | First Name | Middle Name | Last Name | | |
| Debtor | | Vernice L Tolliver | | | | |
| (Spouse | if, filing) | First Name | Middle Name | Last Name | | |
| United | States Bank | kruptcy Court for the: | DISTRICT OF NEW JEE | RSEY | | |
| Case r | number | | | | | |
| (if known | | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| ∩ffici | ial Form | 106E/E | | | | |
| | | | ha Haya Uncası | urad Claima | | 12/15 |
| | | | ho Have Unsecu | | | RIORITY claims. List the other party to |
| eft. Atta | ach the Conti nd case numb | | e. If you have no informatio | , , , | | imber the entries in the boxes on the of any additional pages, write your |
| 1. Do | | s have priority unsecure | | | | |
| | No. Go to Par | rt 2. | | | | |
| | Yes. | | | | | |
| | | of Your NONPRIORIT | Y Unsecured Claims | | | |
| 3. Do | any creditors | s have nonpriority unsec | ured claims against you? | | | |
| | No. You have | nothing to report in this p | art. Submit this form to the co | urt with your other scho | edules. | |
| | Yes. | | | · | | |
| uns tha | secured claim, | list the creditor separately | / for each claim. For each clai | m listed, identify what | | has more than one nonpriority ns already included in Part 1. If more ms fill out the Continuation Page of |
| | | | | | | Total claim |
| 4.1 | | set Management | Last 4 digits | of account number | 4763 | \$94.00 |
| | | Creditor's Name | When we 4 | ha dahi inauwada | Opened 2/40/49 | |
| | Attn: Bar 2501 Ore | gon Pike, Ste 201 | when was u | he debt incurred? | Opened 3/19/18 | |
| | | er, PA 17601 | | | | |
| | | eet City State ZIp Code | As of the da | te you file, the claim | s: Check all that apply | |
| | _ | ed the debt? Check one. | | | | |
| | ☐ Debtor 1 | • | ☐ Continge | nt | | |
| | Debtor 2 | only | ☐ Unliquida | ited | | |
| | Debtor 1 | and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least of | one of the debtors and and | | NPRIORITY unsecure | d claim: | |
| | | this claim is for a com | • | | | |
| | debt | subject to offset? | Obligation report as price | | ration agreement or divorce that | you did not |
| | No | Casjour to onser: | | • | g plans, and other similar debts | |
| | | | | | g plans, and other similar debts | |
| | ☐ Yes | | Other Sr | pecify Medical | | |

| | Vernice L Tolliver-Benvennutti | | Case number (if know) | | | | | |
|-----|--|---|--|------------|--|--|--|--|
| 4.2 | Apex Asset Management | Last 4 digits of account number | 0558 | \$74.00 | | | | |
| | Nonpriority Creditor's Name | _ | - | • | | | | |
| | Attn: Bankruptcy 2501 Oregon Pike, Ste 201 Lancaster, PA 17601 | When was the debt incurred? | Opened 10/24/16 Last Active 04/16 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Medical De | • • | | | | | |
| 40 | A | | 0070 | *** | | | | |
| 4.3 | Apex Asset Management Nonpriority Creditor's Name | Last 4 digits of account number | 2970 | \$268.00 | | | | |
| | Attn: Bankruptcy 2501 Oregon Pike, Ste 201 | When was the debt incurred? | Opened 6/05/17 Last Active 06/16 | | | | | |
| | Lancaster, PA 17601 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | • | | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | | |
| | ☐ Check if this claim is for a community | | | | | | | |
| | debt | Obligations arising out of a sepa | | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing | | | | | | |
| | Yes | ■ Other. Specify Medical De | bt Cherry Hill Obg | | | | | |
| 4.4 | Apex Asset Management | Last 4 digits of account number | 2972 | \$582.00 | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy 2501 Oregon Pike, Ste 201 | When was the debt incurred? | Opened 6/05/17 Last Active 09/16 | | | | | |
| | Lancaster, PA 17601 Number Street City State Zlp Code | As of the date you file, the claim i | s. Chock all that apply | | | | | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | з. Опеск ан так арру | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | ■ No | Debts to pension or profit-sharing | • • | | | | | |
| | Yes | Other. Specify Medical De | bt Cherry Hill Obg | | | | | |

| | Vernice L Tolliver-Benvennutti | | Case number (if know) | | | | | | |
|-----|--|---|--|------------|--|--|--|--|--|
| 4.5 | Apex Asset Management | Last 4 digits of account number | 6298 | \$40.00 | | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy 2501 Oregon Pike, Ste 201 | When was the debt incurred? | Opened 08/15 Last Active 02/15 | · · | | | | | |
| | Lancaster, PA 17601 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | | |
| | Yes | Other. Specify Medical De | bt Lourdes Medical | | | | | | |
| 4.6 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 6122 | \$1,192.00 | | | | | |
| | Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 10/14 Last Active 04/18 | | | | | | |
| | Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | • | Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | | |
| | debt Is the claim subject to offset? | | | | | | | | |
| | No | | | | | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | | | | |
| 4.7 | Comenity Capital/mprc Nonpriority Creditor's Name | Last 4 digits of account number | 0587 | \$740.00 | | | | | |
| | Po Box 182120 Columbus, OH 43218 | When was the debt incurred? | Opened 03/17 Last Active 06/18 | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | | |
| | ■ No | Debts to pension or profit-sharin | - • | | | | | | |
| | Yes | ■ Other. Specify Charge Acc | count | | | | | | |

| | Carlos Benvennutti, Jr Vernice L Tolliver-Benvennutti | | Case number (if know) | | | | | |
|---|--|--|--|----------|--|--|--|--|
| | Diversified Consultants, Inc. Nonpriority Creditor's Name Attn: Bankruptcy Po Box 551268 | Last 4 digits of account number When was the debt incurred? | 8262 Opened 06/18 Last Active 04/17 | \$255.00 | | | | |
| | Jacksonville, FL 32255 | _ | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Other. Specify Directv | | | | | | |
| | I C System Inc Nonpriority Creditor's Name | Last 4 digits of account number | 8929 | \$110.00 | | | | |
| | 444 Highway 96 East P.O. Box 64378 | When was the debt incurred? | Opened 02/17 | | | | | |
| | St. Paul, MN 55164 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | , o auto , . , o | or onook all that apply | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated ☐ Disputed | | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | | |
| | Yes | ■ Other. Specify Collection A South Je | Attorney Advocare Neurology Of | | | | | |
| V | Kohls/Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 3672 | \$540.00 | | | | |
| | N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 | When was the debt incurred? | Opened 06/16 Last Active 02/17 | | | | | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | □ Yes | ■ Other. Specify Charge Acc | | | | | | |
| | | - Other opcomy | | | | | | |

| | r 1 Carlos Benvennutti, Jr r 2 Vernice L Tolliver-Benvennutti | | Case number (if know) | | | | | |
|----------|---|--|--|------------|--|--|--|--|
| 4.1 1 | Merrick Bank/CardWorks | Last 4 digits of account number | 0216 | \$962.00 | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804 | When was the debt incurred? | Opened 09/16 Last Active 06/17 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | I claim: | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | | | | | |
| | No | report as priority claims Debts to pension or profit-sharin | g plans, and other similar debts | | | | | |
| | ☐ Yes | Other. Specify Credit Card | | | | | | |
| 4.1 | Midland Funding Nonpriority Creditor's Name | Last 4 digits of account number | 9881 | \$1,913.00 | | | | |
| | 2365 Northside Dr Ste 300 San Diego, CA 92108 | When was the debt incurred? | Opened 10/17 Last Active 2/13/18 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | At least one of the debtors and another | | | | | | | |
| | ☐ Check if this claim is for a community | | | | | | | |
| | debt Is the claim subject to offset? | | | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | ☐ Yes | ■ Other. Specify Bank | Company Account Synchrony | | | | | |
| 4.1 | Midland Funding | Last 4 digits of account number | 6875 | \$1,032.00 | | | | |
| | Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108 | When was the debt incurred? | Opened 09/17 Last Active 2/13/18 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | _ | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | □Yes | ■ Other. Specify Capital Bar | Company Account Comenity | | | | | |

| | 1 Carlos Benvennutti, Jr 2 Vernice L Tolliver-Benvennutti | | Case number (if know) | | | | | | |
|----------|--|--|---|-------------|--|--|--|--|--|
| 4.1 | Midland Funding | Last 4 digits of account number | 8789 | \$523.00 | | | | | |
| | Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108 | When was the debt incurred? | Opened 09/17 Last Active 12/13/17 | | | | | | |
| , | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | | | |
| | No | Debts to pension or profit-sharin | • • | | | | | | |
| | Yes | ■ Other. Specify Bank | ■ Other. Specify | | | | | | |
| 4.1 5 | Midland Funding Nonpriority Creditor's Name | Last 4 digits of account number | 9567 | \$371.00 | | | | | |
| | 2365 Northside Dr Ste 300 San Diego, CA 92108 | When was the debt incurred? | Opened 08/17 Last Active 02/17 | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | lacksquare At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | | | | | | |
| | Check if this claim is for a community | Student loans | | | | | | | |
| | debt Is the claim subject to offset? | | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | | | | |
| | Yes | Tactoring C Capital Bar | Company Account Comenity | | | | | | |
| 4.1 | NeInet Nonpriority Creditor's Name | Last 4 digits of account number | 1839 | \$17,488.00 | | | | | |
| | Attn: Claims Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 04/06 Last Active 7/31/18 | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | | |
| | Debtor 1 only | ☐ Contingent | agest . | | | | | | |
| | ■ Debtor 2 only | | Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | | |
| | Check if this claim is for a community | Student loans | | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | separation agreement or divorce that you did not | | | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | | |
| | □Yes | Other. Specify | | | | | | | |
| | | Educationa | l | | | | | | |

| Debtor 1 Debtor 2 | Carlos Benvennutti, Jr Vernice L Tolliver-Benvennutti | | Case number (if know) | | | | | | |
|----------------------|--|---|--|------------|--|--|--|--|--|
| <i> </i> | Nelnet | Last 4 digits of account number | 1739 | \$9,769.00 | | | | | |
| I | Nonpriority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 04/06 Last Active 7/31/18 | | | | | | |
| 1 | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | | |
| 1 | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | | | | |
| _ | ☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ | ☐ Disputed Type of NONPRIORITY unsecured | I claim: | | | | | | |
| c | ☐ Check if this claim is for a community debt s the claim subject to offset? | ■ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | | |
| ı | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | | |
| I | ☐ Yes | Other. Specify | | | | | | | |
| | | Educationa | <u> </u> | | | | | | |
| ı • ı | Receivable Management Inc | Last 4 digits of account number | 6460 | \$233.00 | | | | | |
| | 7206 Hull Rd Ste 211 Richmond, VA 23235 | When was the debt incurred? | Opened 09/17 Last Active 04/17 | | | | | | |
| 1 | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | | |
| I | Debtor 1 only | ☐ Contingent | | | | | | | |
| ı | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | | | | | | | |
| c | ☐ Check if this claim is for a community debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | | | | | | |
| | No No | Debts to pension or profit-sharin | | | | | | | |
| I | ☐ Yes | Other. Specify Collection | | | | | | | |
| 9 | Remex Inc | Last 4 digits of account number | 6436 | \$51.00 | | | | | |
| 3 | Attn: Bankruptcy 307 Wall St. Princeton, NJ 08540 | When was the debt incurred? | Opened 12/26/17 Last Active 08/17 | | | | | | |
| 1 | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | | |
| I | Debtor 1 only | ☐ Contingent | | | | | | | |
| I | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| I | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| I | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | | | |
| _ | s the claim subject to offset? | report as priority claims | a plane, and other similar date. | | | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | | | | |
| I | ☐ Yes | Other. Specify Medical De | bt Medical | | | | | | |

| Debtor | 1 | Carl | os E | 3en\ | /enn | utti, Jr | |
|--------|---|------|------|------|------|----------|--|
| | | | | | | | |

Debtor 2 Vernice L Tolliver-Benvennutti Case number (if know)

| Remex Inc | Last 4 digits of account number | 3765 | \$619.00 |
|---|--|--|----------|
| Nonpriority Creditor's Name | _ | | |
| Attn: Bankruptcy 307 Wall St. | When was the debt incurred? | Opened 1/26/18 Last Active 08/17 | |
| Princeton, NJ 08540 | | | |
| Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Medical De | bt Medical | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 27,257.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 9,599.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 36,856.00 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Fill in this inform | | | | | |
|---|-------------------|---------------------|-----------|--|---------------------|
| Debtor 1 | Carlos Benvennu | tti, Jr | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Vernice L Tollive | r-Benvennutti | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | DISTRICT OF NEW JEF | RSEY | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with Name, Number | whom you have the r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | Oity | | Olalo | 211 0000 | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | | | <u> </u> | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | City | | State | ZIF Code | |
| 0 | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |

| Fill in this | information to identify your | case: | | | |
|------------------------------|--|---|---------------------------------|---|---|
| Debtor 1 | Carlos Benvennu | tti, Jr | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | Vernice L Tollive | -Benvennutti Middle Name | Last Name | | |
| | ates Bankruptcy Court for the: | DISTRICT OF NEW J | | | |
| 0 | | | | | |
| Case num (if known) | ber | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Ott: -: - | L Farma 400LL | | | | |
| | I Form 106H | 1.4 | | | |
| Sched | lule H: Your Cod | ebtors | | | 12/15 |
| ill it out, a our name | | boxes on the left. Atta . Answer every questic | ch the Additional Page to n. | this page. On the top | eeded, copy the Additional Page, o of any Additional Pages, write |
| 1. 50 | you have any codebiors: (ii | you are ming a joint case | , do not list either spouse a | is a codebior. | |
| ■ No | | | | | |
| ☐ Yes | 3 | | | | |
| | hin the last 8 years, have you a, California, Idaho, Louisiana | | | | states and territories include |
| | . Go to line 3. s. Did your spouse, former spo | use, or legal equivalent li | ve with you at the time? | | |
| in line Form | e 2 again as a codebtor only i | f that person is a guara | intor or cosigner. Make s | ure you have listed th | g with you. List the person shown le creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code | | Column 2: The cre Check all schedule | ditor to whom you owe the debt s that apply: |
| 3.1 | | | | ☐ Schedule D, line | 2 |
| 0.1 | Name | | | ☐ Schedule E/F, li | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | - | |
| | City | State | ZIP Code | | |
| | | | | D | |
| 3.2 | Name | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, li ☐ Schedule G, line | |
| - | Number Street | | | - | |
| | City | State | ZIP Code | | |

| | | | | | | | _ | | | |
|--------------------|--|----------------------------|---|---|--------------------|----------------|---------------------------------------|----------------------|---|-----------------|
| Fill | in this information to id | dentify your ca | ase: | | | | | | | |
| Del | btor 1 C | arlos Benv | ennutti, Jr | | | | | | | |
| | btor 2 V | ernice L To | olliver-Benvennutti | | | _ | | | | |
| Uni | ited States Bankruptcy | Court for the | DISTRICT OF NEW J | ERSEY | | | | | | |
| | se number nown) | | | | | | | ed filing ent sho | wing postpetition ne following date: | chapter |
| 0 | fficial Form 1 | <u>061</u> | | | | | MM / DD/ | YYYY | | |
| S | chedule I: Yo | our Inc | ome | | | | | | | 12/15 |
| sup spo atta | plying correct inform use. If you are separa ch a separate sheet t | ation. If you ated and you | sible. If two married peo are married and not filin r spouse is not filing wi On the top of any addition | ng jointly, and your sith you, do not include | spouse de infor | is liv mati | ing with you, inc on about your sp | lude inf ouse. If | ormation about more space is r | your leeded, |
| 1. | Fill in your employinformation. | ment | | Debtor 1 | | | Debtor | 2 or no | n-filing spouse | |
| | If you have more that | | Employment status | ■ Employed | | | ■ Emp | loyed | | |
| | attach a separate pa information about ac | 3 - | Employment status | ☐ Not employed | | | ☐ Not e | employe | ed | |
| | employers. | | Occupation | Research Const | ultant | | Custor | ner Se | rvice | |
| | Include part-time, se self-employed work. | | Employer's name | Private Contract | tor | | Seriou | s Shop | os LLC | |
| | Occupation may incl or homemaker, if it a | | Employer's address | | | | | | ood Blvd Suite J 08075 | 4 |
| | | | How long employed to | here? | | | | | | |
| Pai | rt 2: Give Detail | s About Mor | thly Income | | | | | | | |
| | mate monthly incomuse unless you are sep | | ate you file this form. If y | you have nothing to re | eport for | any | line, write \$0 in the | e space. | . Include your non | -filing |
| | ou or your non-filing spe e space, attach a sepa | | ore than one employer, co this form. | ombine the information | n for all | empl | oyers for that pers | on on th | ne lines below. If y | ou need |
| | | | | | | | For Debtor 1 | | Debtor 2 or -filing spouse | |
| 2. | | | ry, and commissions (be calculate what the monthl | | 2. | \$ | 0.00 | . \$ | 2,495.56 | |
| 3. | Estimate and list m | onthly overt | me pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | |

0.00

2,495.56

Calculate gross Income. Add line 2 + line 3.

Debtor 1 Carlos Benvennutti, Jr
Vernice L Tolliver-Benvennutti

Case number (if known)

| | | | | | | For Debtor 1 | | | For Debtor 2 or non-filing spouse | | | |
|-----|--|---------------------------------|---|----------|---------|--------------|----------|---------|-----------------------------------|---------|----------|----------|
| | C | . line 4 hans | | 4 | | Φ. | | | | | | l |
| | Сору | y line 4 here | | 4. | | \$ | | 0.00 | \$_ | 2 | ,495.56 | - |
| 5. | List a | all payroll deduct | tions: | | | | | | | | | |
| | 5a. | | and Social Security deductions | 5a. | | \$ | | 0.00 | \$ | | 242.07 | |
| | 5b. | | tributions for retirement plans | 5b. | | <u>\$</u> — | | 0.00 | \$- | | 0.00 | _ |
| | 5c. | - | ibutions for retirement plans | 5c. | | \$ | | 0.00 | \$ | | 61.36 | _ |
| | 5d. | • | ments of retirement fund loans | 5d. | | \$ | | 0.00 | \$ | | 0.00 | _ |
| | 5e. | Insurance | | 5e. | | \$ | | 0.00 | \$ | | 0.00 | _ |
| | 5f. | Domestic supp | ort obligations | 5f. | | \$ | | 0.00 | \$ | | 0.00 | _ |
| | 5g. | Union dues | - | 5g. | | \$ | | 0.00 | \$ | | 0.00 | _ |
| | 5h. | Other deduction | ns. Specify: | 5h. | .+ | \$ | (| 0.00 | + \$ _ | | 0.00 | - |
| 6. | Add | the payroll deduc | ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | ; | \$ | (| 0.00 | \$ | | 303.43 | _ |
| 7. | Calc | ulate total month | ly take-home pay. Subtract line 6 from line 4. | 7. | ; | \$ | (| 0.00 | \$_ | 2 | ,192.13 | _ |
| 8. | List a | all other income | regularly received: | | | | | | | | | |
| | 8a. | | m rental property and from operating a business, | | | | | | | | | |
| | | profession, or f | | | | | | | | | | |
| | | | ent for each property and business showing gross y and necessary business expenses, and the total | | | | | | | | | |
| | | monthly net inco | | 8a. | | \$ | 3,446 | 6.54 | \$ | | 0.00 | |
| | 8b. | Interest and div | | 8b. | | \$ | | 0.00 | \$ | | 0.00 | _ |
| | 8c. | Family support | payments that you, a non-filing spouse, or a depende | ent | | - | | | | | | = |
| | | regularly receiv | | | | | | | | | | |
| | | | spousal support, child support, maintenance, divorce | 0 - | | Φ. | | | • | | | |
| | 04 | ′ ' | property settlement. | 8c. | | \$ | | 0.00 | \$_ | | 0.00 | _ |
| | 8d. | Unemployment Social Security | | 8d. | | \$ | | 0.00 | \$_ \$ | | 0.00 | _ |
| | 8e. | - | | 8e. | | Φ | | 0.00 | Φ_ | | 0.00 | - |
| | 8f. | | ent assistance that you regularly receive sistance and the value (if known) of any non-cash assistar | nce | | | | | | | | |
| | | | such as food stamps (benefits under the Supplemental | 100 | | | | | | | | |
| | | | nce Program) or housing subsidies. | | | | | | | | | |
| | | Specify: | | 8f. | | \$ | | 0.00 | \$_ | | 0.00 | _ |
| | 8g. | Pension or retir | | 8g. | | \$ | (| 0.00 | \$_ | | 0.00 | _ |
| | 8h. | Other monthly i | ncome. Specify: | 8h. | .+ | \$ | (| 0.00 | + \$_ | | 0.00 | _ |
| 0 | ۸۵۵ | all other income | Add lines 00, 0h, 00, 0d, 00, 0f, 00, 0h | 9. | \$ | | 2 444 | 2 E 4 | \$ | | 0.0 | 0 |
| 9. | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | | | | Φ | 3,446.54 | | Ψ | | 0.0 | <u>'</u> | |
| 4.0 | ٠. | | | 40 [| | | | | | | | |
| 10. | | - | come. Add line 7 + line 9. | 10. | \$ _ | 3, | 446.54 | + \$_ | 2 | ,192.13 | = \$ _ | 5,638.67 |
| | Add t | the entries in line | 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | l L | | | | |
| 11. | | | contributions to the expenses that you list in Sched | | | | | | | | | |
| | | | om an unmarried partner, members of your household, yo | our depe | nde | ents, y | our room | mates | , and | | | |
| | other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . | | | | | | | | | | | |
| | | | | | | | | | | | 0.00 | |
| | • | • | | | | | | | _ | | | |
| 12. | | | e last column of line 10 to the amount in line 11. The | | | | | | | €. | | |
| | | that amount on th | rtain Lial | biliti | ies an | d Relate | d Data | , if it | 12. | \$ | 5,638.67 | |
| | applies | | | | | | | | | 12. | Ψ | , |
| | | | | | | | | | | | Combi | |
| 10 | Dev | ou evneet en inc | roses or decrease within the year often you file this fa | rm2 | | | | | | | month | y income |
| 13. | DO y | - | rease or decrease within the year after you file this fo | IIII f | | | | | | | | |
| | _ | No. | | | | | | | | | | |
| | | Yes. Explain: | | | | | | | | | | |

| Fill | in this informa | ation to identify ye | our case: | | | | | | | | |
|------|---|--------------------------------------|---------------|--|--|-----------------|--|-------------------------------|--|--|--|
| Deb | Debtor 1 Carlos Benvennutti, Jr | | | | | | Check if this is: An amended filing A supplement showing postpetition chal as expenses as of the following date: | | | | |
| ' | bebtor 2 Spouse, if filing) Vernice L Tolliver-Benvennutti | | | | | | | | | | |
| Unit | ted States Bank | ruptcy Court for the | : DISTRI | CT OF NEW JERSEY | | - | MM / DD / YYYY | | | | |
| Cas | se numbe r | | | | | | | | | | |
| | (nown) | | | | | | | | | | |
| 0 | fficial Fo | orm 106J | | | | | | | | | |
| | | J: Your | | | | | | 12/15 | | | |
| info | ormation. If m | | eded, atta | . If two married people ar ch another sheet to this n. | | | | | | | |
| Par | rt 1: Desc | ribe Your House | ehold | | | | | | | | |
| ٠. | □ No. Go to | | | | | | | | | | |
| | Yes. Doe | es Debtor 2 live | in a separ | ate household? | | | | | | | |
| | ■ N | | st file Offic | al Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of Deb | tor 2. | | | | |
| 2. | Do you hav | e dependents? | □ No | | | | | | | | |
| | Do not list D Debtor 2. | • | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? | | | |
| | Do not state | the | | | | | | □ No | | | |
| | dependents | | | | Daughter | | 1.5 | ■ Yes | | | |
| | | | | | Daughter | | 10 | □ No ■ Yes | | | |
| | | | | | Dauginei | | | ■ Yes □ No | | | |
| | | | | | | | _ | ☐ Yes | | | |
| | | | | | | | | □ No | | | |
| 3. | Do vour ex | penses include | _ | | | | | ☐ Yes | | | |
| 0. | expenses of | of people other to d your depende | han 👝 | No Yes | | | | | | | |
| Par | rt 2: Estim | nate Your Ongoi | ng Month | y Expenses | | | | | | | |
| exp | | a date after the | | uptcy filing date unless y y is filed. If this is a supp | | | | | | | |
| Inc | lude expense | es paid for with | non-cash | government assistance i | f you know | | | | | | |
| | value of suc ficial Form 10 | | d have inc | cluded it on Schedule I: \ | our Income | | Your expe | enses | | | |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgag | e 4. \$ | S | 1,767.00 | | | |
| | If not include | ded in line 4: | | | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. \$ | 5 | 0.00 | | | |
| | | erty, homeowner' | s, or renter | 's insurance | | 4b. \$ | | 0.00 | | | |
| | | | | ıpkeep expenses | | 4c. \$ | | 0.00 | | | |
| 5. | | eowner's associa mortgage pavm | | dominium dues our residence, such as ho | me equity loans | 4d. \$ 5. \$ | | 0.00 | | | |
| ٥. | | | y . | | 5 9, 10 | ٥. ٧ | | 0.00 | | | |

| ebtor 1 ebtor 2 | | Benvennutti, Jr L Tolliver-Benvennutti | Case num | ber (if known) | |
|--------------------|----------------|---|-------------|----------------|--------------------------|
| 00.0. 2 | Vernice | L TOMVET-BETTVEHHULLI | Odde Halli | | |
| Util | lities: | | | | |
| 6a. | Electricity | , heat, natural gas | 6a. | \$ | 250.00 |
| 6b. | Water, se | wer, garbage collection | 6b. | \$ | 90.00 |
| 6c. | Telephon | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 250.00 |
| 6d. | Other. Sp | ecify: | 6d. | \$ | 0.00 |
| Foo | od and hous | sekeeping supplies | 7. | \$ | 750.00 |
| | | children's education costs | 8. | \$ | 0.00 |
| Clo | othing, launc | dry, and dry cleaning | 9. | \$ | 250.00 |
| | • | products and services | 10. | · | 275.00 |
| | | ental expenses | 11. | · · | 100.00 |
| | | Include gas, maintenance, bus or train fare. | | Ψ | 100.00 |
| | | ar payments. | 12. | \$ | 250.00 |
| | | clubs, recreation, newspapers, magazines, and books | 13. | | 300.00 |
| | | tributions and religious donations | 14. | | 0.00 |
| | urance. | and rengious donations | 17. | Ψ | 0.00 |
| | | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | a. Life insura | | 15a. | \$ | 0.00 |
| | b. Health ins | | 15b. | · | 200.00 |
| | c. Vehicle in | | 15b. | | 250.00 |
| | | | 15d. | · | |
| | | urance. Specify: | 13u. | Φ | 0.00 |
| Spe | ecify: | nclude taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| | | ease payments: | 4- | • | |
| | | ents for Vehicle 1 | 17a. | · | 430.00 |
| | | ents for Vehicle 2 | 17b. | · | 0.00 |
| | c. Other. Sp | | 17c. | · <u> </u> | 0.00 |
| 17c | d. Other. Sp | ecify: | 17d. | \$ | 0.00 |
| ded | ducted from | s of alimony, maintenance, and support that you did not report as your pay on line 5, Schedule I, Your Income (Official Form 106I). | | \$ | 0.00 |
| Oth | ner payment | s you make to support others who do not live with you. | | \$ | 0.00 |
| Spe | ecify: | | 19. | | |
| Oth | ner real prop | perty expenses not included in lines 4 or 5 of this form or on Sch | edule I: Yo | our Income. | |
| 20a | a. Mortgage | s on other property | 20a. | \$ | 0.00 |
| 20b | o. Real esta | te taxes | 20b. | \$ | 0.00 |
| 200 | . Property, | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | | nce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | | ner's association or condominium dues | 20e. | · <u> </u> | 0.00 |
| | ner: Specify: | ion o addodiation of contactiffication | 21. | · | |
| Ju | ier. Specify. | | | - Ψ | 0.00 |
| Cal | lculate your | monthly expenses | | | |
| 22a | a. Add lines 4 | through 21. | | \$ | 5,162.00 |
| 22b | o. Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | , |
| | . , | a and 22b. The result is your monthly expenses. | | <u> </u> | 5,162.00 |
| 220 | . Auu IIIIE 22 | a and 220. The result is your monthly expenses. | | Ψ | 3,102.00 |
| Cal | lculate your | monthly net income. | | | |
| | - | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 5,638.67 |
| | | r monthly expenses from line 22c above. | 23b. | -\$ | 5,162.00 |
| | | • • | | | |
| 230 | | your monthly expenses from your monthly income. t is your <i>monthly net income</i> . | 23c. | \$ | 476.67 |
| For | example, do y | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | | | or decrease because of a |
| | | Evolain hara: | | | |
| | Yes. | Explain here: | | | |

| Fill in this info | ormation to identify your | case: | | | |
|---------------------|--|---------------------------|------------------------------|--|----|
| Debtor 1 | Carlos Benvennu | tti. Jr | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Vernice L Tollive | r-Benvennutti | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | DISTRICT OF NEW JERS | SEY | | |
| Case number | | | | ☐ Check if this is | an |
| (ii kilowii) | | | | amended filing | |
| You must file to | this form whenever you fi | n connection with a bankr | or amended schedules. Ma | et information. Taking a false statement, concealing prope ines up to \$250,000, or imprisonment for u | |
| s | ign Below | | | | |
| Did you | pay or agree to pay some | one who is NOT an attorn | ey to help you fill out banl | kruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | . Name of person | | | Attach Bankruptcy Petition Preparer's Declaration, and Signature (Official Fo | |
| | nalty of perjury, I declare are true and correct. | that I have read the summ | ary and schedules filed w | vith this declaration and | |
| X /s/ C | arlos Benvennutti, Jr | | X /s/ Vernice L | Tolliver-Benvennutti | |
| | os Benvennutti, Jr | | | Iliver-Benvennutti | |
| Signa | ture of Debtor 1 | | Signature of Del | ebtor 2 | |
| Date | September 18, 2018 | | Date Septen | nber 18, 2018 | |

| Fill | in this inforn | nation to identify you | r case: | | | | | | | |
|-------------|---|--|--|---|--|---|--|--|--|--|
| | tor 1 | Carlos Benvenn | | | | | | | | |
| | | First Name | Middle Name | Last Name | | | | | | |
| Deb | tor 2 | Vernice L Tollive | er-Benvennutti | | | | | | | |
| (Spot | use if, filing) | First Name | Middle Name | Last Name | | | | | | |
| Unit | ed States Ba | nkruptcy Court for the: | DISTRICT OF NEW JER | SEY | | | | | | |
| Case number | | | | | _ | heck if this is an mended filing | | | | |
| Sta Be a | s complete a | of Financial | ble. If two married people a | | ankruptcy equally responsible for sup | | | | | |
| | | n). Answer every ques Details About Your Ma | stion. Irital Status and Where You | ı Lived Before | | | | | | |
| | | r current marital statu | | | | | | | | |
| | ■ Married□ Not mar | ried | | | | | | | | |
| 2. | During the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | | |
| | No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | | |
| | | | | | ity property state or territory co, Texas, Washington and W | | | | | |
| | ■ No □ Yes. Ma | ake sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | | | | | |
| Part | Explai | n the Sources of You | r Income | | | | | | | |
| | Fill in the total | al amount of income yo | u received from all jobs and a | ng a business during this yeall businesses, including parteting to the together, list it only once ur | | ndar years? | | | | |
| | □ No ■ Yes. Fill | in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | |
| | | of current year until d for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$32,400.06 | ■ Wages, commissions, bonuses, tips | \$19,122.30 | | | | |
| | | | Operating a business | | ☐ Operating a business | | | | | |

Official Form 107

| Debto | | | ennutti, Jr olliver-Benv | rennutti | Cas | number (if known) | | | | |
|--------|----------|---|--|--|--|--|--|---|--|--|
| | | | | Dahtar 4 | | Dahtan 0 | | | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) | | |
| | | ndar year: December | 31, 2017) | ☐ Wages, commissions, bonuses, tips \$52,859.00 | | ■ Wages, commissions, bonuses, tips | | \$4,081.00 | | |
| | | | | Operating a business | | ☐ Operating a b | usiness | | | |
| | | dar year be December | | ☐ Wages, commissions, bonuses, tips | \$53,902.00 | ■ Wages, common bonuses, tips | nissions, | \$2,871.00 | | |
| | | | | Operating a business | | ☐ Operating a b | usiness | | | |
| | ist each | • | the gross inco | se and you have income that your from each source separate | • | that you listed in line | | | | |
| | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of inco Describe below. | ome | Gross income (before deductions and exclusions) | | |
| Part 3 | }• lis∙ | t Certain Pa | vments You | Made Before You Filed for | , | | | | | |
| 6. A | No. | Neither De individual puring the No. Yes * Subject | 90 days before 30 days before 40 days before 40 days before 50 day | each creditor to whom you pai editor. Do not include paymer payments to an attorney for the ton 4/01/19 and every 3 years or both have primarily consu one you filed for bankruptcy, di | Imer debts. Consumer debted purpose." d you pay any creditor a total d a total of \$6,425* or more ats for domestic support obligations bankruptcy case. It is after that for cases filed on timer debts. d you pay any creditor a total | al of \$6,425* or more payr gations, such as chill or after the date of al of \$600 or more? | e? nents and ti ld support a adjustment | he total amount you nd alimony. Also, do | | |
| | | □ Yes | include pay | each creditor to whom you par ments for domestic support of this bankruptcy case. | | | | | | |
| (| Creditor | 's Name and | d Address | Dates of payme | nt Total amount | Amount you still owe | Was this p | payment for | | |

| | otor 1 otor 2 | Carlos Benvennutti, Jr Vernice L Tolliver-Benvennutti | | | Cas | se number (| if known) | | |
|-----|------------------|---|--------|--|---|------------------------------|----------------------|---------------------------------|---|
| 7. | Inside of wh | in 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny. | rtners | s; relatives of any ger ol, or owner of 20% o | neral partners; partners partners partners of their votin | erships of w g securities | hich you ; and an | u are a genera ly managing a | al partner; corporations gent, including one for |
| | _ | No Yes. List all payments to an insider. | | | | | | | |
| | Insic | der's Name and Address | Da | tes of payment | Total amount paid | Amount still | you owe | Reason for | this payment |
| 8. | insid | n 1 year before you filed for bankruptoer? de payments on debts guaranteed or cos | | | ments or transfer | any proper | ty on ac | count of a d | ebt that benefited an |
| | _ | No | | | | | | | |
| | | Yes. List all payments to an insider der's Name and Address | Do | too of novement | Total amount | Amount | l vou | Peasen for | thic novment |
| | IIISIC | der 5 Name and Address | Da | tes of payment | Total amount paid | Amount still | owe | Include cred | this payment litor's name |
| Pai | rt 4: | Identify Legal Actions, Repossession | ıs, ar | nd Foreclosures | | | | | |
| 9. | List a modif | in 1 year before you filed for bankruptor Il such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details. | | | | | | | |
| | | e title e number | Na | ture of the case | Court or agency | • | | Status of th | e case |
| 10. | | in 1 year before you filed for bankrupto k all that apply and fill in the details below | | as any of your prop | erty repossessed, | foreclosed, | garnis | hed, attached | d, seized, or levied? |
| | = 1 | No. Go to line 11. | | | | | | | |
| | | Yes. Fill in the information below. | | | | | | | |
| | Cred | litor Name and Address | | scribe the Property | | | Date | | Value of the property |
| | | | | plain what happene | | | | | |
| 11. | acco | in 90 days before you filed for bankrup unts or refuse to make a payment bec No | | | luding a bank or fi | nancial ins | titution | , set off any a | amounts from your |
| | | Yes. Fill in the details. | | | | | | | |
| | Cred | ditor Name and Address | De | scribe the action the | e creditor took | | Date a | action was | Amount |
| 12. | | n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a | | | erty in the possess | sion of an a | ssignee | e for the bene | efit of creditors, a |
| | | No Yes | | | | | | | |
| Par | rt 5: | List Certain Gifts and Contributions | | | | | | | |
| | | | | | | | | | |
| 13. | _ | i n 2 years before you filed for bankrup No | tcy, c | did you give any gift | s with a total value | e of more th | an \$600 |) per person | ? |
| | | Yes. Fill in the details for each gift. | | Describe the wife | | | Dete | | V-1 |
| | | s with a total value of more than \$600 person | | Describe the gifts | | | Dates the gi | you gave fts | Value |
| | | son to Whom You Gave the Gift and ress: | | | | | | | |

| Del | Vernice L Tolliver-Benvennu | itti | | Case number (| (if known) | |
|-----|---|-----------------------------|---|----------------|--|---------------------------|
| 14. | Within 2 years before you filed for ban | | , , , , , | ns with a tota | I value of more than | \$600 to any charity? |
| | Yes. Fill in the details for each gift of Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co. | total | Describe what you contributed | | Dates you contributed | Value |
| Pai | tt 6: List Certain Losses | | | | | |
| 5. | Within 1 year before you filed for bank or gambling? | ruptcy o | r since you filed for bankruptcy, did y | ou lose anyt | hing because of thef | t, fire, other disaster |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Includ | ribe any insurance coverage for the lo le the amount that insurance has paid. L ance claims on line 33 of Schedule A/B: | ist pending | Date of your loss | Value of property lost |
| Pai | rt 7: List Certain Payments or Transfe | ers | | | | |
| 16. | Within 1 year before you filed for bank consulted about seeking bankruptcy of Include any attorneys, bankruptcy petition No Yes. Fill in the details. | r prepar | ing a bankruptcy petition? ers, or credit counseling agencies for ser | vices required | l in your bankruptcy. | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if No | t You | Description and value of any propertransferred | erty | Date payment or transfer was made | Amount of payment |
| | Sadek and Cooper 1315 Walnut Street Suite 502 Philadelphia, PA 19107 brad@sadeklaw.com | | Attorney Fees | | First Payment: March 1, 2018 Final Payment: August 1, 2018 | \$1,545.00 |
| 17. | Within 1 year before you filed for bank promised to help you deal with your control to not include any payment or transfer the | editors | or to make payments to your creditors | | r transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | | Description and value of any propertransferred | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for ban transferred in the ordinary course of y Include both outright transfers and transfer include gifts and transfers that you have a No | our busi ers made | ness or financial affairs? as security (such as the granting of a se | | | |
| | Yes. Fill in the details. Person Who Received Transfer Address | | Description and value of property transferred | | any property or received or debts | Date transfer was made |
| | Person's relationship to you | | , - p, | paid in exc | | |
| | | | | | | |

Debtor 1 Carlos Benvennutti, Jr

Case number (if known)

| | Person Who Received Transfer Address Person's relationship to you | Description and property transfer | | | any property or s received or debts xchange | Date transfer was made |
|-----|---|--|---------------------------|----------------|---|---|
| | We Buy Any Car | 2006 Honda Od | ldysey | \$50 rece | eived | March 2018 |
| | No Relation | | | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pre No □ Yes. Fill in the details. | | ny property to a s | elf-settled tr | ust or similar device | of which you are a |
| | Name of trust | Description and | value of the prop | erty transfer | red | Date Transfer was |
| | | | | | | made |
| Par | t 8: List of Certain Financial Accounts, In | struments, Safe Deposi | it Boxes, and Sto | rage Units | | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, or | • | | | | |
| | houses, pension funds, cooperatives, asso | | , | | naies in banks, creun | t dillolls, blokelage |
| | ■ No | | | | | |
| | Yes. Fill in the details. Name of Financial Institution and | ate account was | Last balanco | | | |
| | Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accour instrument | cle me | osed, sold, oved, or ansferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed fo | r bankruptcy, any | safe depos | it box or other depos | itory for securities, |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe the | contents | Do you still have it? |
| 22. | Have you stored property in a storage unit | or place other than you | r home within 1 y | ear before y | ou filed for bankrupto | cy? |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, S State and ZIP Code) | | Describe the | contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control | for Someone Else | | | | |
| 23. | Do you hold or control any property that so for someone. | meone else owns? Incl | ude any property | you borrow | ed from, are storing f | or, or hold in trust |
| | No No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the proj (Number, Street, City, S Code) | perty? [| Describe the | property | Value |
| Par | t 10: Give Details About Environmental Info | ormation | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 2 Vernice L Tolliver-Benvennutti

Case number (if known)

| _ | _ | ulations controlling the cleanup of thes | | | | | | |
|-----|--|--|-------------------------------------|--|------------------------|--|-----------------------|--|
| | | e means any location, facility, or proper own, operate, or utilize it, including disp | - | _ | al law, | whether you now own, operate, o | or utilize it or used | |
| | | zardous material means anything an en | | | us wa | ste, hazardous substance, toxic s | ubstance. | |
| | | ardous material, pollutant, contaminan | | | | | , | |
| Rep | ort a | all notices, releases, and proceedings t | hat y | ou know about, regardless of wh | en the | ey occurred. | | |
| 24. | Has | s any governmental unit notified you that | at voi | u may be liable or potentially liab | le und | der or in violation of an environme | ental law? | |
| | _ | | | a may are made or percomany made | | | | |
| | | No | | | | | | |
| | LI No | Yes. Fill in the details. | | Covernmental unit | | Environmental law if you | Data of nation | |
| | | Ime of site Idress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State a ZIP Code) | and | Environmental law, if you know it | Date of notice | |
| 25. | Hav | ve you notified any governmental unit o | of any | release of hazardous material? | | | | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | me of site Idress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State & ZIP Code) | and | Environmental law, if you know it | Date of notice | |
| 26. | Hav | ve you been a party in any judicial or ad | lmini | strative proceeding under any en | viron | mental law? Include settlements a | nd orders. | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | se Title se Number | | Court or agency | Na | ture of the case | Status of the | |
| | Ca | ise number | | Name Address (Number, Street, City, State and ZIP Code) | | | case | |
| Pai | t 11 | Give Details About Your Business of | r Con | nections to Any Business | | | | |
| 27. | Wit | hin 4 years before you filed for bankrup | otcy, | did you own a business or have a | any of | f the following connections to any | business? | |
| | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | | |
| | | Yes. Check all that apply above and fi | | | | | | |
| | | ısiness Name Idress | Describe the nature of the business | | | Employer Identification number Do not include Social Security number or ITIN. | | |
| | (Nu | mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Dates business existed | | | |
| | | | | | | | | |
| 28. | | hin 2 years before you filed for bankrup titutions, creditors, or other parties. | otcy, | did you give a financial statemen | it to a | nyone about your business? Inclu | de all financial | |
| | | No | | | | | | |
| | П | Yes Fill in the details below | | | | | | |

Part 12: Sign Below

Name

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection

Date Issued

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

(Number, Street, City, State and ZIP Code)

| Debtor 1 Debtor 2 | Carlos Benvennutti, Jr Vernice L Tolliver-Benvennutti | | Case number (if known) |
|----------------------|---|-------------|---|
| | nkruptcy case can result in fines up to \$250,00 §§ 152, 1341, 1519, and 3571. | 0, or imp | risonment for up to 20 years, or both. |
| /s/ Carl | os Benvennutti, Jr | /s/ Ve | nice L Tolliver-Benvennutti |
| Carlos | Benvennutti, Jr | Verni | e L Tolliver-Benvennutti |
| Signatu | re of Debtor 1 | Signat | ure of Debtor 2 |
| Date S | September 18, 2018 | Date | September 18, 2018 |
| Did you a | attach additional pages to Your Statement of F | nancial A | ffairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | | | |
| ☐ Yes | | | |
| Did you p | pay or agree to pay someone who is not an atto | rney to h | elp you fill out bankruptcy forms? |
| ■ No | | | |
| □ Yes N | lame of Person Attach the Bankruptcy Pe | tition Prer | arer's Notice, Declaration, and Signature (Official Form 119) |

| Fill in this information to identify your case: | | | | | | |
|--|--------------------------------|--|--|--|--|--|
| Debtor 1 | Carlos Benvennutti, Jr | | | | | |
| Debtor 2 (Spouse, if filing) | Vernice L Tolliver-Benvennutti | | | | | |
| United States Bankruptcy Court for the: District of New Jersey | | | | | | |
| Case number | | | | | | |
| | | | | | | |

| Chec | k as directed in lines 17 and 21: | | | | | | | |
|------|--|--|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | Colum Debto | | Debt | mn B or 2 or filing spouse |
|---|-------------------------|--|-----------------------------|-----------------------|----------|------|----------------------------------|
| Your gross wages, salary, tips, bonuses, overti payroll deductions). | ime, a | and commission | s (before all | \$ | 0.00 | \$ | 2,410.45 |
| Alimony and maintenance payments. Do not inc Column B is filled in. | lude | payments from a | spouse if | \$ | 0.00 | \$ | 0.00 |
| All amounts from any source which are regular of you or your dependents, including child sup from an unmarried partner, members of your house and roommates. Do not include payments from a syou listed on line 3. Net income from operating a business, | port. ehold spous | Include regular colling in the colli | ontributions s, parents, | \$ | 0.00 | \$ | 0.00 |
| profession, or farm | | | | | | | |
| Gross receipts (before all deductions) | \$_ | 4,628. | | | | | |
| Ordinary and necessary operating expenses | - \$ _ | 1,182. | .04 | | | | |
| Net monthly income from a business, profession, or farm | \$_ | 3,446. | Copy 54 here -> 9 | \$ | 3,446.54 | \$ | 0.00 |
| 8. Net income from rental and other real property | | Debtor 1 | | | | | |
| Gross receipts (before all deductions) | | \$ 0.00 | | | | | |
| Ordinary and necessary operating expenses | | -\$ 0.00 | | | | | |
| Net monthly income from rental or other real prope | rtv | g 0.00 C | opy here -> | \$ | 0.00 | \$ | 0.00 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Total averamenthly in Determine How to Measure Your Deductions from Income | Debtor 1 Debtor 2 or non-filing spouse |
|--|---|
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse \$ 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ | \$ 0.00 \$ 0.00 |
| the Social Security Act. Instead, list it here: For you | \$ 0.00 \$ 0.00 |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustment does not apply, enter 0 below. You are married and your spouse is income and the amount of income devoted to each purpose. If necessary, list additional adjustment does not apply, enter 0 below. S 0.00 | er |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$ 3,446.54 + \$ 2,410.45 \$ 5,85 Total avermonthly income from line 11. \$ 5,85 Total avermonthly in a married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. | |
| benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0. | |
| Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Add Society | <u> </u> |
| Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filling with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. | |
| Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. | · |
| 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Sale | · |
| Part 2: Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. | F \$ 0.00 |
| Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. \$5,85 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$\$\frac{100}{5}\$\$ Carutheres | 3,446.54 + \$ 2,410.45 = \$ 5,856.99 |
| Part 2: Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. \$5,85 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ | Total average monthly income |
| 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filling with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ | monthly meeting |
| 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filling with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ | \$ 5,856.99 |
| You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. | Ψ |
| You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ | |
| Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ | |
| dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ | |
| adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$ | |
| \$ | evoted to each purpose. If necessary, list additional |
| \$ | |
| +\$ | |
| Total © 0.00 Canubaran | |
| Total\$Copy here=> | |
| | |
| 14. Your current monthly income. Subtract line 13 from line 12. | |
| 15. Calculate your current monthly income for the year. Follow these steps: | 0.00 Copy here=> - 0.00 |
| 15a. Copy line 14 here=>\$\$ | 0.00 Copy here=> - 0.00 \$ 5,856.99 |
| Multiply line 15a by 12 (the number of months in a year). | 0.00 Copy here=> - 0.00 \$ 5,856.99 |
| 15b. The result is your current monthly income for the year for this part of the form | 0.00 Copy here=> - 0.00 \$ 5,856.99 \$ 5,856.99 |

| Case number (if known) |
|------------------------|
|------------------------|

| 16 | Calculat | e the median family income that applies to | you. Follow these s | teps: | | |
|------|--|---|---|---|-----------|------------------|
| | 16a. Fill | in the state in which you live. | NJ | _ | | |
| | 16b. Fill | in the number of people in your household. | 4 | | | |
| | 16c. Fill | n the median family income for your state and | size of household. | - | \$ | 121,226.00 |
| | | find a list of applicable median income amount ructions for this form. This list may also be ava | | | | |
| 17. | | the lines compare? | | , | | |
| | 17a. | Line 15b is less than or equal to line 16c. 11 U.S.C. § 1325(b)(3). Go to Part 3. Do | | | | |
| | 17b. [| Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a | ulation of Your Dis | | | |
| Part | 3: C | alculate Your Commitment Period Under 11 | U.S.C. § 1325(b)(4 |) | | |
| 18. | Сору ус | ur total average monthly income from line | 11. | | \$ | 5,856.99 |
| 19. | contend spouse's | the marital adjustment if it applies. If you are that calculating the commitment period under income, copy the amount from line 13. | e married, your spou 11 U.S.C. § 1325(b) | se is not filing with you, and you | | |
| | 19a. If th | e marital adjustment does not apply, fill in 0 or | line 19a. | | -\$ | 0.00 |
| | 401 6 1 | | | | | E 956 00 |
| | 19b. Sui | otract line 19a from line 18. | | | \$_ | 5,856.99 |
| 20. | Calculat | e your current monthly income for the year | . Follow these steps | S: | | |
| | | by line 19b | · | | \$ | 5,856.99 |
| | Mu | tiply by 12 (the number of months in a year). | | | | x 12 |
| | | | | | | |
| | 20b. The | result is your current monthly income for the | ear for this part of the | ne form | \$ | 70,283.88 |
| | | | | | | |
| | 20c Cor | by the median family income for your state and | size of household for | rom line 16c | 2 | 121,226.00 |
| | 200. 00 | y the median ranny meetine for your state and | Size of flousefloid in | on the roo | | |
| | 21. Ho | w do the lines compare? | | | | |
| | | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4. | ise ordered by the c | ourt, on the top of page 1 of this form, chec | ck box 3 | , The commitment |
| | | Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4. | nless otherwise orde | ered by the court, on the top of page 1 of the | nis form, | check box 4, The |
| Part | 4: S | ign Below | | | | |
| | By signir | ng here, under penalty of perjury I declare that | the information on the | nis statement and in any attachments is tru | ie and co | orrect. |
| X | | los Benvennutti, Jr | X | /s/ Vernice L Tolliver-Benvennutti | | |
| | | Benvennutti, Jr re of Debtor 1 | | Vernice L Tolliver-Benvennutti Signature of Debtor 2 | | |
| | | eptember 18, 2018 M / DD / YYYY | | Date September 18, 2018 MM / DD / YYYY | | |
| | • | ecked 17a, do NOT fill out or file Form 122C-2 | | | | |
| | If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above. | | | | | |

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 03/01/2018 to 08/31/2018.

Line 5 - Income from operation of a business, profession, or farm

Source of Income: Private Research Consultant

Income/Expense/Net by Month:

| | Date | Income | Expense | Net |
|---------------|--------------------|------------|-----------------------------|------------|
| 6 Months Ago: | 03/2018 | \$4,628.58 | \$1,182.04 | \$3,446.54 |
| 5 Months Ago: | 04/2018 | \$4,628.58 | \$1,182.04 | \$3,446.54 |
| 4 Months Ago: | 05/2018 | \$4,628.58 | \$1,182.04 | \$3,446.54 |
| 3 Months Ago: | 06/2018 | \$4,628.58 | \$1,182.04 | \$3,446.54 |
| 2 Months Ago: | 07/2018 | \$4,628.58 | \$1,182.04 | \$3,446.54 |
| Last Month: | 08/2018 | \$4,628.58 | \$1,182.04 | \$3,446.54 |
| _ | Average per month: | \$4,628.58 | \$1,182.04 | |
| | | | Average Monthly NET Income: | \$3,446.54 |

| btor 1 | Carlos | Benvennutti, | Jr |
|--------|--------|--------------|----|
|--------|--------|--------------|----|

Debtor 2 Vernice L Tolliver-Benvennutti

Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 03/01/2018 to 08/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: S Shops LLC

| _ | _ | | _ |
|--------|-----|------|-------|
| Income | h. | N/L | anth. |
| meome | IJν | IVIO | mui. |

| 6 Months Ago: | 03/2018 | \$3,225.75 |
|---------------|--------------------|------------|
| 5 Months Ago: | 04/2018 | \$2,205.75 |
| 4 Months Ago: | 05/2018 | \$2,244.75 |
| 3 Months Ago: | 06/2018 | \$2,223.75 |
| 2 Months Ago: | 07/2018 | \$2,283.75 |
| Last Month: | 08/2018 | \$2,278.95 |
| | Average per month: | \$2,410.45 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | r 7: | Liquidation |
|----------|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| <u>+</u> | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

| UNITED STATES BANKRUPTCY COURT | | |
|---|---|--|
| DISTRICT OF NEW JERSEY | | |
| Caption in Compliance with D.N.J. LBR 9004-1(b) Brad J. Sadek, Esquire 1315 Walnut Street Suite 502 | | |
| Philadelphia, PA 19107 215-545-0008 brad@sadeklaw.com | | |
| In Da. | | |
| In Re: Carlos Benvennutti, Jr | Case No.: | |
| Vernice L Tolliver-Benvennutti | Chapter: | 13 |
| | | |
| | Judge: | |
| | | |
| DISCLOSURE OF CHAPTER 13 DEBTO | R'S ATTORNEY C | OMPENSATION |
| DISCLOSURE OF CHAILTER IS DEDIC | K 5 M TOM (L) C | |
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 201 | | |
| the debtor(s) and that compensation was paid to me within one yeagreed to be paid to me, for services rendered or to be rendered or | | |
| with this bankruptcy case is as follows: | | |
| ■ Under D.N.J. LBR 2016-5(b), I have agreed to accept to the exclusions listed below, including administrative s amount of \$4,500.00 I understand that I must demonstrate of the filing of this disclosure if I seek additional co | services that may occur posinstrate that additional services. | tconfirmation, a flat fee in the ces were unforeseeable at the |
| Legal services on behalf of the debtor in connection with | the following are not inclu | nded in the flat fee: |
| Representation of the debtor in: | | |
| adversary proceedings, | | |
| loss mitigation/loan modification efforts, post-confirmation filings and matters brough | nt before the Court. | |
| | | |
| I have received: | \$1,745.00 | |
| The balance due is: | \$ 2,755.00 | |
| The balance □ will ■ will not be paid through the | ne plan. | |
| ☐ Under D.N.J. LBR 2016-5(c), I have agreed to accept case, an hourly fee of \$ The hourly fee charged by this client range from \$ to \$ I understand that expenses to be paid to me in this case post petition pursu | other members of my firm I must receive the Court's a | that may provide services to |
| I have received: | \$ | |
| 2. The source of the funds paid to me was: | | |
| ■ Debtor(s) □ Other (specify below) |) | |

| 3. | If a balance is due, the source of future compensation to be paid to me is: | | |
|-------|---|--|--|
| | ■ Debtor(s) | ☐ Other (specify below) | |
| | f I have agreed to share com | reed to share compensation with another person(s) unless they are members of my law pensation with a person(s) who is not a member of my law firm, a copy of that sharing in the compensation is attached. | |
| Date: | September 18, 2018 | /s/ Brad J. Sadek, Esquire Brad J. Sadek, Esquire Debtor's Attorney | |

United States Bankruptcy CourtDistrict of New Jersey

| | Carlos Benvennutti, Jr | | C N | |
|---------|--------------------------------------|---|---------------------|---------------------|
| In re | Vernice L Tolliver-Benvennutti | Debtor(s) | Case No. Chapter | 13 |
| | | | F | |
| | VERII | FICATION OF CREDITOR MA | TRIX | |
| The abo | ove-named Debtors hereby verify that | at the attached list of creditors is true and correct | t to the best | of their knowledge. |
| Date: | September 18, 2018 | /s/ Carlos Benvennutti, Jr | | |
| | | Carlos Benvennutti, Jr | | |
| | | Signature of Debtor | | |
| Date: | September 18, 2018 | /s/ Vernice L Tolliver-Benvennutti | | |
| | | Vernice L Tolliver-Benvennutti | | |

Signature of Debtor

Apex Asset Management Attn: Bankruptcy 2501 Oregon Pike, Ste 201 Lancaster, PA 17601

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Comenity Capital/mprc Po Box 182120 Columbus, OH 43218

Diversified Consultants, Inc. Attn: Bankruptcy Po Box 551268 Jacksonville, FL 32255

Dovenmuehle Mortgage Inc PO Box 371306 Pittsburgh, PA 15250

I C System Inc 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164

Kohls/Capital One N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Merrick Bank/CardWorks Attn: Bankruptcy Po Box 9201 Old Bethpage, NY 11804

Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108

Nelnet Attn: Claims Po Box 82505 Lincoln, NE 68501 Receivable Management Inc 7206 Hull Rd Ste 211 Richmond, VA 23235

Remex Inc Attn: Bankruptcy 307 Wall St. Princeton, NJ 08540

Santander Consumer USA Attn: Bankruptcy Po Box 961245 Fort Worth, TX 76161